ISSUE SLIP STAPLE AREA (for additional cross references) POSITION INITIALS ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW** RESPONSE FORMALITY REVIEW **INDEX OF CLAIMS** Rejected Allowed Interference (Through numeral)... Canceled Restricted Objected Date Claim Date Original 46. If more than 150 claims or 10 actions staple additional sheet here.